

APPENDIX 5-B

CONFIRMED RELEASE NOTIFICATION FORM

STATE USE ONLY			
Facility ID:	Release ID:	Date Sent:	Date Received:
GENERAL INFORMATION AND INSTRUCTIONS			
<p>This form should be completed immediately and only after reporting a confirmed release by telephone within 24-hours to the Hawai'i DOH UST Section. Completion of this notice will serve to fulfill part of the notification requirements of HAR 11-64-71. Please type or print in ink all items except "Signature" in Section III. This form must be completed for each UST release occurrence. Completed form must be mailed to: Department of Health, Solid and Hazardous Branch, 919 Ala Moana Boulevard, Room 212, Honolulu, Hawaii 96814</p>			
I. REPORTING PARTY AND FACILITY INFORMATION			
24-Hour Reporting Party Name, Title, & Affiliation:			
Facility Name & Address:			
Facility Contact Person, Affiliation, & Address:			
Facility Information: (Check only one item) <input type="checkbox"/> Gas Station <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> State Government <input type="checkbox"/> Commercial <input type="checkbox"/> Utilities <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> Auto Dealership <input type="checkbox"/> Federal Non-Military <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/> Airline <input type="checkbox"/> County Government <input type="checkbox"/> Federal Military <input type="checkbox"/> Truck/ Transportation			
II. RELEASE INFORMATION (Circle all that apply in Items A-H)			
A. Source of the Release: Piping Tank(s) Spill Overfill If "Tank(s)" list tank sizes:			
B. Method of Discovery & Confirmation: Closure Monthly Release Detection Tightness Test Site Check Other (Specify):			
C. Estimated Quantity of Substance Released: Gallons Unknown			
D. Type of Substance Released: Unleaded Gas Leaded Gas Diesel Used or Waste Oil Hazardous Substance Other (Specify):			
E. Immediate Hazards: Explosion Fire Vapor Exposure Recoverable Free Product Drinking Water Threat Other (Specify):			
F. Release Impact: Surface Water Ground Water Soil Air			
G. Migration Pathways: None Utility Conduits Subsurface Drains Sewer Lines Unknown Other (Specify):			
H. Actions Taken: Evacuated Nearby Area/Removed UST Contents/Recovered Free Product/Excavated Soils/Ground Water/Recovery Other (Specify):			
III. UST OWNER OR OPERATOR CERTIFICATION (Read and sign after completing all sections to the extent possible)			
I certify under penalty of law that I have examined and am familiar with the information submitted in this notice, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true and accurate.			
Name, Title, & Company:			
Signature:		Date:	
DOH Form CRN (8/92)			